## PATENT APPLICATION RECORD Effective December 8, 2004

Application or Docket Number 10/535361

_			_						<del>, 4</del>				
CLAIMS AS FILED - PART I								SMALL ENT	TITY OTHER THAN OR SMALL ENTITY				
_	· · · · · · · · · · · · · · · · · · ·		(Columi	n 1)		(Column 2)	7			1 .			
U.S	. NATIONAL	STAGE FEES	·				1	RATE	FEE	•	RATE	FE	E
BASIC FEE			SMALL ENT. = \$ 150		LARC	GE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE .	300	
EXAMINATION FEE			Satisfies PCT As (4) = \$50	, ,		ther situations = 100 / \$ 200		EXAM. FEE			EXAM. FEE	ZÓ	٠.
SEARCH FEE			U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400			ther situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			mini	us 100 =		/ 50 ≐		X \$ 125 =			X \$ 250 =		
TOTAL CHARGEABLE CLAIMS			75 minus 20 =		•			X \$ 25 =		OR	X \$ 50 =		
INDEPENDENT CLAIMS				inus 3 =	• •			X \$ 100 =		OR	X \$ 200 =		·
MUL	TIPLE DEPĘN	DENT CLAIM PRI	ESENT					+ \$ 180 =		OR	+ \$ 360 =		
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II  5/(8/05 (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A	$\ell$	CLAIMS REMAINING AFTER AMENDMENT	٠ ١	HIGH NUME PREVIO PAID	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADD TION FEI	IAL
	Total	. 15	Minus	- 2	9	= /	1	X \$ 25 =		∕ÓR	X \$ 50 =		
	Independent	• /	Minus	··· 2	<del>}</del> _ ·	= /	1	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT.		OR	TOTAL ADDIT.		
		(Column 1)	·	(Colun		(Column 3)							
DMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION FEI	IAL
	Total	•	Minus	**				X \$ 25 =	•	OR	X \$ 50 =		
AMENDA	Independent	•	Minus	***		=		X \$ 100 =		OR	· X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
	<del> </del>			• '	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".													
	The "Highest Nur	mber Previously Paid	For (Total or Inde	ependent) is	the high	hest number found	d in th	e appropriate box	in column 1.				

FORM PTO-875 (Rev. 02/2005)

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